

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1								51							
2								52							
3								53							
4								54							
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19								69							
20								70							
21		1						71							
22		2						72							
23		2						73							
24		2						74							
25	1							75							
26		2						76							
27		2						77							
28		2						78							
29		2						79							
30		2						80							
31		2						81							
32		2						82							
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34		2						84							
35		2						85							
36		2						86							
37		1						87							
38		1						88							
39		1						89							
40		1						90							
41		1						91							
42		1						92							
43								93							
44		1						94							
45		1						95							
46								96							
47								97							
48								98							

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